

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	X	X				
17	X	1				
18	X	1				
19	X	1				
20	X	1				
21	X	1				
22	X	1				
23	X	1				
24	X	1				
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28	X	1				
29	X	1				
30	X	1				
31	X	1				
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50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						